

REQUEST FORM FOR LICENSE CHANGE OR CERTIFICATION
FORM MUST BE SIGNED & DATED.

Utah Insurance Department
State Office Building Room 3110
Salt Lake City, Utah 84114
Phone: 801-538-3800 Fax: 801-538-3830

Please type or print

Name of Agent / Agency _____ License # _____

Social Security # / Tax ID _____

I hereby request the following (please check appropriate box):

1. ☐ CHANGE OF ADDRESS & TELEPHONE NUMBER

All correspondence from this Department is mailed to your business address.

NOTE: If a Post Office Box Number is used as a mailing address, you need to also identify the actual street address.

AGENT ADDRESS:

BUSINESS MAILING ADDRESS:

(Home Address)

(Business Name)

(Address)

(_____) _____
(Phone)

(_____) _____
(Phone)

2. ☐ CHANGE OF NAME

From _____ To _____

Enclose a copy of documentation, such as divorce decree, marriage license, drivers license, etc.

3. ☐ DUPLICATE LICENSE

Signature of Agent or Authorized Agency Officer for any of the above requests.

Date

4. ☐ **LETTER OF CLEARANCE**

The licensee is the only party authorized to request a cancellation of license. Include a stamped, self-addressed envelope.

CURRENT UTAH LICENSE MUST BE RETURNED WITH THIS REQUEST.

I, _____, have moved from UTAH to the state of _____

Please cancel my Utah license # _____ and forward a letter of clearance to the following address:

5. ☐ **LETTER OF CERTIFICATION**

Please issue a certification of my Utah license status. The name of the agent to appear on the letter is:

_____ License # _____

State(s) for which letter(s) are to be prepared: _____

Letters are to be mailed to:

All letters will be mailed to the person or office requesting them, NOT to the state(s). Include a stamped, self-addressed envelope.

6. ☐ **CANCELLATION OF LICENSE**

I am returning my license for cancellation for the following reason: _____

Signature of Agent or Authorized Agency Officer for any of the above requests.

Date